



AN EXPLORATIVE STUDY TO ASSESS THE BARRIERS TO NURSE-PHYSICIAN COMMUNICATION AMONG STAFF NURSES IN SRM GENERAL HOSPITAL, KATTANKULATHUR

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ABSTRACT

Objectives: The present study was therefore conducted to explore the barriers to nurse-physician communication among staff nurses in SRM general hospital, kattankulathur. **Design and Methods:** The research design adopted for this study was descriptive design which was used to explore the barriers to effective communication among physicians and nurses. The total sample size consists of 100 staff nurses working in SRM hospital. Non probability convenience sampling technique was used to collect the data. Schmidt quality of nurse-physician communication scale to explore the barriers to effective communication among physicians and nurses. **Results:** The study reveals that 37% of nurses have mild barriers, 55% of the nurses have moderate barriers and 8% of the nurses have severe barrier. **Conclusion:** Nursing and medicine are inseparably intertwined in hospital care. Patient outcomes are contingent upon the physicians' skills in diagnosis and treatment, as well as upon nurses' continuous observations and their skills in communicating the right information to the right professional partner.

KEYWORDS: Explorative, Assess, Barriers, Nurse, Physician, Communication.

Introduction

Patient care is shared between clinicians, and the effectiveness of their collaboration and information exchange will often determine the safety and quality of care provided¹. Effective and skillful communication is a crucial and an important element in the quality of nursing care². Employing effective communication skills as a valuable tool enables nurses to assess patients' needs and provide them with the appropriate physical care, emotional support, knowledge transfer and exchange of information³.

Collaboration is a complex process that requires intentional knowledge sharing and joint responsibility for patient care. Sometimes it occurs within long-term relationships between health professionals. The doctor-nurse relationship has often been described as a dominant-subservient relationship with a clear understanding that the doctor is a man and the nurse is a woman⁴. Failure to communicate effectively is a major potential obstacle in the provision of delivering standard services in caring settings. This can result in anxiety, misunderstanding, misdiagnosis, possible maltreatment, exposure to complications, increased length of hospital stay, waste of resources and finally dissatisfaction of nurses and therefore possible misplacements as a result⁵. Despite strong emphasis on training and improving the caregiver's communication skills, there are still obvious shortages and a good communication is restricted by a number of structured factors².

Collaboration between nurses and physicians is a complex interactional process between different professional groups. As long as a patient's progress proceeds as expected, understandings are shared between the disciplines, and hard and fast boundaries between the groups are not often drawn, collaboration proceeds fluidly³.

Collaboration requires recognition that knowledge and work are intimately related. A smooth, effortless flow of work gives the impression that knowledge bases are shared between nurses and physicians and that the work is mutually understood and supported².

Moreover, this results in increased workload and dissatisfaction of the caring staff and possible more communication problems^{6,7}, though negligence and lack of support of the nurses' should not be ignored and must be addressed by the healthcare authorities⁸. Therefore, recognition of communication barriers is the

first step in improving nurse-patient communication⁷.

Nurses get no education in working with doctors...and doctors get no education in working with nurses, or even a sense of what the most basic interaction is that they're going to have. The greatest challenge and the ultimate goal is to create a friendly and personal environment where nurses and doctors are able to question each other's decision-making without fearing an angry or defensive response. Even the greatest nurses and best-trained physicians make mistakes. In order to mitigate these potential medical errors, nurses and doctors must obtain a level of communication where it is okay to question a medical decision or provide productive feedback on any aspect of patient care¹⁴.

Better communication among providers can be a tremendous boon to older patients and their families; thus, improved nurse-physician communication is not only a remedy for diminished job satisfaction, it's also a prerequisite for improving care.

Methodology

The research design adopted for this study was descriptive design which was used to explore the barriers to effective communication among physicians and nurses. The total sample size consists of 100 staff nurses working in SRM hospital. Non probability convenience sampling technique was used to collect the data. The structured questionnaire to assess the demographic variables such as age, sex, religion, marital status, income and clinical variables such as years of experience and department. Schmidt quality of nurse-physician communication scale to explore the barriers to effective communication among physicians and nurses. This scale consists of 23 questions to assess the barriers to effective communication among physicians and nurses. Strongly disagree-1, Partially disagree-2, Disagree-3, Partially agree-4, Agree-5, Strongly agree-6. Each question carries 1 mark. The Scale of communication 0 to 50- mild, 51 to 75- moderate, 76 to 100- severe. pilot study was conducted by distributing questionnaire to staff nurses, the subjects were asked to respond to the questions. In an average, it took about 15-20 mins for each individual to hand over the tool. Data obtained was analyzed using descriptive inferential statistics. Analysis of the demographic data was done in terms of frequency and percentage distribution and was computed. Chi square test was used in relationship between the significance of the variables.

Table 1 : Question wise assessment of the barriers of communication

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s/ no		N=100											
		Strongly Disagree		Partially Disagree		Disagree		Partially Agree		Agree		Strongly Agree	
		n	%	n	%	n	%	n	%	N	%	N	%
1	I feel hurried by the physician	12	12.0%	18	18.0%	20	20.0%	36	36.0%	10	10.0%	4	4.0%
2	I feel that the physician does not want to deal with the problem	27	27.0%	8	8.0%	27	27.0%	25	25.0%	7	7.0%	6	6.0%
3	The physician does not consider my views when making decisions about patients.	27	27.0%	9	9.0%	24	24.0%	24	24.0%	10	10.0%	6	6.0%
4	I worry that the physician may order something inappropriate or unnecessary	23	23.0%	15	15.0%	23	23.0%	24	24.0%	10	10.0%	5	5.0%

5	I find it difficult to find a quiet place to make a call to the physician	12	12.0%	16	16.0%	34	34.0%	24	24.0%	6	6.0%	8	8.0%
6	I have difficulty reaching the physician	18	18.0%	10	10.0%	32	32.0%	10	10.0%	15	15.0%	15	15.0%
7	I don't have enough time to say everything that needs to be said	10	10.0%	16	16.0%	32	32.0%	16	16.0%	16	16.0%	10	10.0%
8	It's hard to find time to make a call to the physician	14	14.0%	8	8.0%	32	32.0%	16	16.0%	22	22.0%	8	8.0%
9	I already anticipate that the physician will be rude and unpleasant	20	20.0%	6	6.0%	30	30.0%	16	16.0%	22	22.0%	6	6.0%
10	The physician interrupts me before I finish reporting about a patient	16	16.0%	18	18.0%	16	16.0%	16	16.0%	24	24.0%	10	10.0%
11	I feel disrespected after an interaction with a physician	20	20.0%	14	14.0%	24	24.0%	6	6.0%	30	30.0%	6	6.0%
12	The physicians are rude when called about a patient.	16	16.0%	18	18.0%	20	20.0%	14	14.0%	26	26.0%	6	6.0%
13	I feel frustrated after an interaction with a physician.	20	20.0%	10	10.0%	20	20.0%	22	22.0%	22	22.0%	6	6.0%
14	I find the physician's language and/or accent difficult to understand	20	20.0%	10	10.0%	40	40.0%	18	18.0%	6	6.0%	6	6.0%
15	I find it difficult to understand what a physician means due to the use of medical jargon.	22	22.0%	17	17.0%	28	28.0%	13	13.0%	10	10.0%	10	10.0%
16	I feel that the physician has difficulty in understanding what I am Saying	18	18.0%	7	7.0%	32	32.0%	25	25.0%	10	10.0%	8	8.0%
17	I feel that I am bothering and/or disturbing the physician	14	14.0%	11	11.0%	24	24.0%	35	35.0%	4	4.0%	12	12.0%
18	I am uncertain about what I am telling the physician	5	5.0%	17	17.0%	25	25.0%	32	32.0%	8	8.0%	13	13.0%
19	I am corrected or regarded by the physician when I do not expect it.	8	8.0%	8	8.0%	22	22.0%	40	40.0%	6	6.0%	16	16.0%
20	I receive an assignment without the man power to complete it.	8	8.0%	10	10.0%	14	14.0%	32	32.0%	18	18.0%	18	18.0%
21	I receive assignments that are not within my training and capability.	16	16.0%	10	10.0%	16	16.0%	24	24.0%	20	20.0%	14	14.0%
22	Lack of policies and guidelines make my job more difficult	10	10.0%	9	9.0%	17	17.0%	36	36.0%		13 13.0%		15 15.0%
23	I feel that the physician makes me do his job and other assignments that are unnecessary	16	16.0%	8	8.0%	16	16.0%	20	20.0%	26	26.0%	14	14.0%

Table 2 : Question wise assessment of percentage of barriers

N=100

		% of barriers		
		Maximum score	Mean score	% of mean score
1	I feel hurried by the physician	6	3.26	54.3%
2	I feel that the physician does not want to deal with the problem	6	2.95	49.2%
3	The physician does not consider my views when making decisions about patients.	6	2.99	49.8%
4	I worry that the physician may order something inappropriate or unnecessary	6	2.98	49.7%
5	I find it difficult to find a quiet place to make a call to the physician	6	3.20	53.3%
6	I have difficulty reaching the physician	6	3.39	56.5%
7	I don't have enough time to say everything that needs to be said	6	3.42	57.0%
8	It's hard to find time to make a call to the physician	6	3.48	58.0%
9	I already anticipate that the physician will be rude and unpleasant	6	3.32	55.3%
10	The physician interrupts me before I finish reporting about a patient	6	3.44	57.3%
11	I feel disrespected after an interaction with a physician	6	3.30	55.0%
12	The physicians are rude when called about a patient.	6	3.34	55.7%
13	I feel frustrated after an interaction with a physician.	6	3.34	55.7%
14	I find the physician's language and/or accent difficult to understand	6	2.98	49.7%
15	I find it difficult to understand what a physician means due to the use of medical jargon.	6	3.02	50.3%
16	I feel that the physician has difficulty in understanding what I am saying	6	3.26	54.3%
17	I feel that I am bothering and/or disturbing the physician	6	3.40	56.7%
18	I am uncertain about what I am telling the physician	6	3.60	60.0%
19	I am corrected or regarded by the physician when I do not expect it.	6	3.76	62.7%
20	I receive an assignment without the man power to complete it.	6	3.96	66.0%
21	I receive assignments that are not within my training and capability.	6	3.64	60.7%
22	Lack of policies and guidelines make my job more difficult	6	3.78	63.0%
23	I feel that the physician makes me do his job and other assignments that are unnecessary	6	3.74	62.3%

Table 2 shows the each questionwise assessment of percentage of barriers to effective communication between physicians and nurses in SRM general hospital. They are having minimum score and I feel that the physician does not want to deal with the problem (49.2%). They are having maximum score and I receive an assignment without the man power to complete it (66.0%).

Table 3 : Assess The Level Of The Barriers To Nurse-Physician Communication AmongStaff nurses

N=100

Barriers	Number of nurses	%
Mild	37	37.0%
Moderate	55	55.0%
High	8	8.0%
Total	100	100.0%

Table 3 shows the level of barriers to effective communication between physicians and nurses in SRM general hospital. 37% of the nurses are having mild barrier and 55% of the nurses are having moderate barrier and 8% of them are having high barrier.

Table 4 Association between demographic variables and level of barriers to nurse-physician communication across staff nurses.

N=100

Demographic variables		Level of barrier score						Total	Chi square
		Mild		Moderate		High			
		N	%	N	%	N	%		
Age	18 -24 yrs	25	48.1%	21	40.4%	6	11.5%	52	$\chi^2=10.67$ p=0.03* DF=4 Significant
	25 -30 yrs	10	22.7%	32	72.8%	2	4.5%	44	
	30 -50 yrs	2	50.0%	2	50.0%	0	0.0%	4	
Sex	Female	28	35.0%	44	55.0%	8	10.0%	80	$\chi^2=2.43$ p=0.29 DF=2 Not significant
	Male	9	45.0%	11	55.0%	0	0.0%	20	
Religion	Hindu	28	34.1%	50	61.0%	4	4.9%	82	$\chi^2=4.79$ p=0.31 DF=4 Not significant
	Christian	7	43.8%	5	31.3%	4	25.0%	16	
	Muslim	2	100.0%	0	0.0%	0	0.0%	2	
Marital status	Married	4	36.4%	7	63.6%	0	0.0%	11	$\chi^2=1.15$ p=0.56 DF=1 Not significant
	Single	33	37.1%	48	53.9%	8	9.0%	89	
Degree	Registered Nurse Practitioner	4	40.0%	2	20.0%	4	40.0%	10	$\chi^2=25.20$ p=0.01*** DF=6 Significant
	B.Sc	22	50.0%	22	50.0%	0	0.0%	44	
	M.Sc	2	40.0%	3	60.0%	0	0.0%	5	
	Diploma	9	22.0%	28	68.3%	4	9.8%	41	
Tenure as nurse	< i yr	13	36.1%	16	44.4%	7	19.4%	36	$\chi^2=14.32$ p=0.01*** DF=6 Significant
	1 -5 yr	20	34.4%	37	63.8%	1	18.9%	58	
	5 -10 yr	2	50.0%	2	50.0%	0	0.0%	4	
	> 10 yrs	2	100.0%	0	0.0%	0	0.0%	2	
Income	<Rs. 7000	3	23.1%	7	53.8%	3	23.1%	13	$\chi^2=8.79$ p=0.07 DF=4 Not significant
	<Rs. 7001 -10000	21	35.0%	37	61.7%	2	3.3%	60	
	>Rs. 10000	13	48.1%	11	40.7%	3	11.1%	27	
English as first language	Yes	7	30.4%	16	69.6%	0	0.0%	23	$\chi^2=3.89$ p=0.14 DF=2 Not significant
	No	30	39.0%	39	50.6%	8	10.4%	77	
Department	Medical ward	3	23.1%	9	69.2%	1	7.7%	13	$\chi^2=11.87$ p=0.15 DF=8 Not significant
	Surgical ward	4	21.1%	15	78.9%	0	0.0%	19	
	ICU	17	42.5%	20	50.0%	3	7.5%	40	
	OT	4	50.0%	2	25.0%	2	25.0%	8	
	Speciality ward	9	45.0%	9	45.0%	2	10.0%	20	

Table 4 shows the association between demographic variables and level of barriers on to nurse-physician communication across staff nurses. Younger, less qualified and less service staff nurses are having more barrier than others.

Discussion

The first objective of the study is to assess the level of barriers to nurse-physician communication among staff nurses. In this analysis, staff nurses have varying levels of barriers. 37.0% of the nurses have mild level of barrier with percentage score of 0-50%. 55.0% of the nurses have moderate level of barrier with percentage score of 51-75%. 8.0% of the nurses have severe level of barrier with percentage score of 76-100%. This study finding is supported by Hughes¹² whose study discovered how often nurses have difficulties in voicing their concerns and opinions directly, particularly if the content is critical of doctors or of other senior figures within the team.

The second objective of this study is to find out the association between demographic variables and level of barriers to nurse-physician communication among staff nurses. By using descriptive statistics of the demographic variables, it is discovered that there is association between the demographic characteristics and nurse-physician communication. Younger, less qualified staff nurses with lesser working experience are having more degree of barriers than others¹⁵. This study finding was supported by Dixon, who stated that, education and clinical placement received by physicians and nurses during pre-licensure training contrast greatly and have been an influential element in communication between the two professions¹⁰. During the pre-license stages for the two professions, emphasis is placed on their individual roles in patient care. The lack of co-educational experiences involving the two professions possibly leads to a lack of understanding of what each profession contributes to the interdisciplinary team¹³, and complicates communication between nurses and physicians. Robinson, Gorman¹⁴ noted that nurses believe physicians do not view them as professionals. Nurses attribute this belief to their perception that physicians are not always knowledgeable of nurses' scope of practice and the autonomy nurses have earned¹⁷.

Conclusion

Traditional relationships are very crucial in-patient environment. Nursing and medicine are inseparably intertwined in hospital care. Patient outcomes are contingent upon the physicians' skills in diagnosis and treatment, as well as upon nurses' continuous observations and their skills in communicating the right information to the right professional partner. The study reveals that 37% of nurses have mild barriers, 55% of the nurses have moderate barriers and 8% of the nurses have severe barrier.

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